

Committee Secretary  
Senate Community Affairs References Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

[community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

20 November 2009

Dear Committee

**SUBMISSION TO THE SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE ON  
SUICIDE IN AUSTRALIA**

This is a submission to the above Senate Committee. GRAI is the Gay, Lesbian, Bisexual, Trans and Intersex Retirement Association Incorporated (GRAI). GRAI is a Western Australian community-based group with a mission to create a responsive and inclusive mature age environment that promotes and supports a quality life for older and ageing people of diverse sexualities and gender identities.

Older GLBTI people, while perhaps not very visible, are part of our community. There are many options for GLBTI retirement and aged care, and the expectations of GLBTI people are many and varied. However, the unique needs of GLBTI people in aged care facilities are not necessarily being met. Awareness of their needs is very low, and action, advocacy and research are all required. GRAI want to ensure that older GLBTI people will be treated with equality, dignity and respect: rights we have spent many years and much effort to achieve.

Mental health issues can affect any community member. However we argue that members of the GLBTI community have special stresses as a result of being part of a minority population in Australia (Willett 2000) - a minority, which until very recently has been treated with invisibility, discrimination and stigma. This situation continues for many (Human Rights and Equal Opportunity Commission 2007). The health effects of this minority stress are now well recognised (Meyer 2003; Herek and Garnets 2007; Meyer 2007). Although difficulties exist in the provision of robust epidemiology in the area of sexual orientation, due to poor data collection at national level, sufficient evidence exists that minority stress contributes to higher levels of suicide amongst GLBTI people (Corboz, Dowsett et al. 2008; Suicide Prevention Australia 2009).

GRAI is a member of the LGBT Health Alliance and endorses their comprehensive submission which is to be made to the Senate Community Affairs References Committee on Suicide. The LGBT Health Alliance submission puts the case for succinctly for the unique challenges faced by GLBT people. Attention is drawn particularly to their section on the impact of suicide on older members of this community.

GRAI is principally involved with older GLBTI people. In relation to this group it is important to note the following:

- The social context and history of homosexuality in Australia must be understood. The apparent social acceptability of homosexuality today is a recent phenomenon and is one which is not uniformly accepted across all Australian society.
- The majority of older GLBTI people have grown up in an environment where they have had to hide their sexual orientation from their families, caregivers, and work colleagues.
- Many have been subjected to overt discrimination, prejudice and violence.
- Some members are estranged from their biological families.
- There is currently an invisibility of LGBT ageing issues in research, policies, and practices.
- Getting older for GLBT can mean increased fear of being "outed" after a lifetime of avoiding disclosure, or fear of lack of understanding and support as they age and seek supported care.

GRAI completed formative research 2006-07 to establish interim data from the Perth GLBTI community to inform the work of GRAI and to provide data to help establish the specific needs of the older and ageing GLBTI (GRAI 2007). A convenience sample (n=143) was recruited through GRAI membership, and various gay events. A survey and several focus groups were conducted. In summary some of the major findings of this formative work were:

- Some people said they fear/feared going into existing care/retirement facilities due to not 'fitting in';
- Some people said they feel they will always need to be 'on their guard' if they go into existing care/retirement facilities;
- There is a perception that existing aged care/retirement facilities have homophobic attitudes;
- There is a perceived lack of support groups for older people in the GLBTI community;
- Some people said they felt there is a lack of family/informal care networks for older people in the GLBTI community;
- Issues of isolation especially where there has been a loss of a partner were raised;
- There is a desire to live among non-judgmental people; and
- Attitudes of staff towards GLBTI clients need to be changed (GRAI 2007).

GRAI is currently involved in a further research project with service providers around attitudes and practices towards GLBTI clients in the aged housing and care area. Although only preliminary results are available at this time, it is interesting to note the following:

- Findings from earlier formative work and other research findings are confirmed.
- All except one respondent are UNAWARE of any GLBTI residents.
- No respondents regarded GLBTI residents as having specific accommodation needs.
- The majority of respondents are UNAWARE of any aspects of State and/or Federal legislation relating to GLBTI.
- The majority of respondents felt that they provided a GLBTI friendly environment.
- None of the respondents had a GLBTI support person either formally or informally.
- None had partnerships with GLBTI community organisations

Although these are preliminary research findings, it shows a lack of understanding of the unique needs of GLBTI clients and a lack of staff development to respond appropriately to such clients from many service providers. These results are echoed in other work undertaken in Australia. Most notably by Harrison and Barrett (Harrison 2004; Barrett 2008; Barrett, Harrison et al. 2009)

This all contributes to the potential stressful experience of older GLBTI people in supported accommodation and again is an example of the covert and overt minority stress experienced by many senior GLBTI people.

GRAI is seeking recognition of the unique minority stress suffered by many older GLBTI people which results in poor self esteem and mental health at a time of vulnerability in their life. Any discussion on suicide including suicide prevention must be cognizant of the challenges faced by these people.

Please do not hesitate to contact GRAI should you wish to obtain further information. We wish you well with the inquiry into suicide.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jude Comfort', written in a cursive style.

Jude Comfort  
Chair

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